

U.S. Army Medical Research and Materiel Command "Protect, Project, Sustain"

U.S. Army Accessions Command Accessions Research Consortium

27-29 January 2004 Joe E. Mann Center, Fort Jackson, SC

MG Lester Martinez-Lopez
Commanding General, USAMRMC, Fort Detrick, MD

AMEDD Mission

- Project and Sustain a Healthy and Medically Protected Force
- Train, Equip and Deploy the Medical Force
- Manage and Promote the Health of the Soldier Family and the Military Family







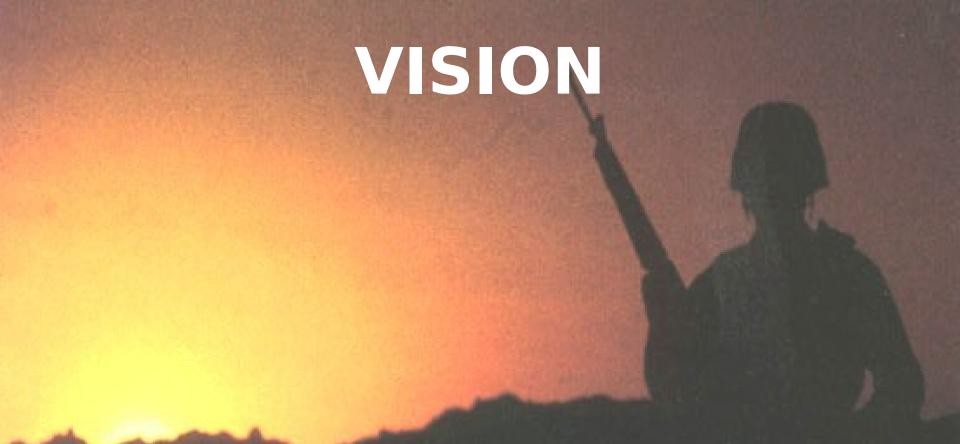


The U.S. Army Medical Research and Materiel Command



USAMRMC Mission

- Project and Sustain a Healthy and Medically Protected Force
- Be an Agent of Transformation for the Future Medical Force
- Enhance the Care of Service Members and the Military Family by Leveraging Medical Solutions



We deliver the best medical solutions, for today and tomorrow, to enhance, protect and treat the warfighter on point for the Nation.

Medical lecillology Allu **Knowledge: Support Across the Warfighter** Mission / C C

TREAT

Post-Deployment "Own the Environment"

- "Own the Night"
 Monitor Physiology Status
 Monitor Exposures
 Protective Equipment
- Accelerated Mission Recovery Planning Model
 • Reunion • Neuroprotectar
 • Psychological • Performance
 stress Monitoring Nutrition

 Assess Exposure(s) **PERFORMANC ENHANCEMEN**

Deployme **ECTION** r 🐮

STANDAR DS

Accession

 Medical **Standards** Training

Safe Training

 Accelerated Training without Injury Realistic **Simulations**

PROPHYLA XIS

Readines

- Readiness Standards
- Reduced Injury & Lost Duty Tirôhanging Roles
 Readiness Status Monitoring and

Future Deploymen

<u>Technological</u> Complexity

Separatio

JIIG Range Health Protection

Epidemiology

DEVELOPING A FIT AND READY FORCE

Inreats to Soldier Health and **Performance Future Force Faces Historical and New**

▶ FUTUR **Emergi** diseases and drug resistanc

Endemic Disease Threats

- Parasitic Diseases
- Bacterial Diseases
- Viral Diseases

Operational Stressors

- Sleep Deprivation
- Traumatic Stress and Situational **Stressors**
- Physical Work Load
- Cognitive Burden and Operational Complexity

Ailituac

Materials

Toxic Industrial

Chemicals and

dispersio isolation,

▶ FUTURE:

mental

Increased

demands

velocity, and lethality

= increafedURE:

stress

<96 hours

from

anywhere

Thrants

ental

Cold

Chemical/Biolo gical Warfare **Threats Bacterial Threats**

- Viral Threats
- Toxin Threats
- Nerve Agents
- Vacicant

Combat Injuries

- Hemorrhage
- Head Trauma

Systems Hazards

- RFR
- Laser
- Blast
- Biomechanical Insults and

sses

FUTURE: New operational concepts require new casualty care capabilities

FUTURE:

Designer

Threats

FUTURE: New weapons systems potentially pose new systems hazards

Inadequate Medical **Situational**

FUTURE: Increased optempo/reduced manning increases nonbattle injury risk and impact

Physical Training
Physical Health Issues
Basic Research
Psychological Issues

Physical Training

-Injury Prevention: Stress Fracture

 Stress fractures are one of the most common and potentially debilitating overuse iniuries

seen in military recruit population

 Incidence rates in the U.S. Arm

in males, Improved training to prevent malinjury, Advanced bone imaging, Interventions to enhance bone strength

- Physical Health Issues
 - Epidemiological Concerns
 - Acute respiratory infections, asthma screening
 - Weight/Body Fat Standards
 - Recruits heavier, soldiers dieting (extreme eating practices) to avoid exceeding screening weight and being taped, gender inequities in screening table weights exist
 - Recruit Assessment Program (RAP
 - Baseline data essential to future read

Respiratory studies to reduce lost training time, Strategies to reduce weight-related attrition,

Recruit screening to maintain comprehensive health and risk factor

data on all accessions at time of initial training

- Basic Research
 - Biomolecular Indicators for FHP
 - Exposures to environmental hazards, food and water contaminants, toxic waste from operational/industrial activity
 - Soldiers need early warning of hazards, rapid assessment and testing technologies

Improved sampling and analysis equipment,

Development of biomarkers of exposure, effect, and susceptibility,

Enhanced individual exposure monitoring and documentation,

New chemical hazard assessment models

- Psychological Issues
 - Building resilience in IET soldiers
 - Over 1/3 of enlisted Soldiers fail to complete their first term of enlistment, over 7% of the entire force receives outpatient treatme mental disorder each year, over 1/4 of these personnel leave military service within 6 months
 - Requires examination of existing health care data, evaluation of lates cognitive assessment technologies, data collection during deploym

Methods to assess cognitive function in the fiera,
Method for psychological health screening in deployed troops,
Criteria for identifying vulnerable Soldiers in training and
operational environments

